



DALLAS COUNTY COMMUNITY SERVICES

902 Court Street, Suite 1 • Adel, Iowa 50003

Phone: (515) 993-5869 • Fax: (515) 993-5872

APPLICATION FOR GENERAL ASSISTANCE

I. IDENTIFYING INFORMATION:

First Name	Middle	Last Name	Social Security Number	Date of Birth
Street Address	City	State	Zip Code	Phone Number

Type and Amount of Assistance Requested (please state): _____

VETERAN'S STATUS: Yes _____ No _____ If yes, date of service: _____

HOUSEHOLD MEMBERS – List all individuals presently living in your household:

Name	Relationship	Social Security Number	Birthdate

ADDRESS HISTORY – In the last three years, list the places you've resided. Begin with present address.

***** This must be completed or your application will be returned. *****

From: Mo/Yr:	To: Mo/Yr:	Street/City	County/State
From: Mo/Yr:	To: Mo/Yr:		
From: Mo/Yr:	To: Mo/Yr:		
From: Mo/Yr:	To: Mo/Yr:		
From: Mo/Yr:	To: Mo/Yr:		
From: Mo/Yr:	To: Mo/Yr:		

II. INCOME

- Does anyone in your home receive any of the following income?
 - Check “Yes” or “No” for each item.
- Complete the information line on items checked “Yes”.

<i>Source of Income</i>	<i>Circle One</i>	<i>Amount</i>	<i>How Often is Income Received?</i>	<i>Name or Names of Person(s) Receiving</i>
FIP	YES NO			
Self Employment	YES NO			
Employment	YES NO			
Student Loan or Grant Training Allowance, JTPA	YES NO			
Unemployment	YES NO			
Worker’s Comp.	YES NO			
Railroad Retirement	YES NO			
Social Security	YES NO			
Supplemental Security Income (SSI)	YES NO			
Veterans Benefits	YES NO			
Child Support or Alimony	YES NO			
Military Dependency Allotment or Allowance	YES NO			
Disability Insurance Payments	YES NO			
IPERS	YES NO			
Civil Service	YES NO			
Other Pension or Compensation	YES NO			
Money from other persons, gift, loans	YES NO			
Money from Interest Dividends	YES NO			
Room and/or Board	YES NO			
Commissions or Other Lump Sum Payments	YES NO			
Other (Explain)	YES NO			

EMPLOYMENT HISTORY: (Most Recent)

<i>Person</i>	<i>Employer</i>	<i>Kind of Work</i>	<i>Date Began</i>	<i>Date Ended</i>	<i>Monthly Wages</i>	<i>Reason for Discontinuing</i>

III. RESOURCES

- Does anyone in your home have any of the following resources?
 - Circle “Yes” or “No” for each item.
- Complete the information line for items checked “Yes”.

	<i>Circle One</i>	<i>Amount</i>	<i>Location</i>	<i>Person(s)</i>
Cash on Hand	YES NO			
Checking Acct.	YES NO			
Savings Account	YES NO			
Stocks/Bonds	YES NO			
Time Certificates	YES NO			
Burial Contract/Plot	YES NO			
Conservatorship/Trust	YES NO			
Safety Deposit Box	YES NO			

	<i>Circle One</i>	<i>Make/Year</i>	<i>Market Value</i>	<i>Amount Owed</i>
Automobile(s)	YES NO			
Truck(s) or Motorcycle(s)	YES NO			
Snowmobile(s) or Boat(s)	YES NO			
Mobile Home(s) or Camper(s)	YES NO			
Other (Specify)	YES NO			

Has anyone in your home received anything with cash value in the last two years (i.e., gifts, inheritance, winnings, settlements, etc.)? *Yes _____ No _____

*If yes, list item and cash value: _____

IV. EXPENSES:

- Do you own, or are you buying the home in which you are living? Yes _____ No _____
 - If you are buying, your monthly payment is \$ _____
- If you rent, your monthly rental payment is \$ _____
- Does anyone in your home own or is buying real estate other than your homestead?
 - Yes _____ No _____
- Current month's utilities (lights, gas, water, garbage): \$ _____
- Current month's child care costs: \$ _____
- Do you pay monthly child support? *Yes _____ No _____
 - *If so, how much? \$ _____

V. MISCELLANEOUS INFORMATION:

- Does anyone in your home have any of the following?
 - Life Insurance or Burial Benefits? *Yes _____ No _____
 - Health Insurance? *Yes _____ No _____
 - *If yes, list insurance company, address, policy number, and coverage: _____

- If employed, does your employer offer health insurance? *Yes _____ No _____
 - *If so, what is the cost and/or the waiting period? _____
- Have you, your spouse, or dependent applied for all the benefits for which you might be eligible? Yes _____ No _____
- Are you an American Citizen? Yes _____ *No _____
 - *If no, are you a legal alien? Yes _____ No _____
- Do you, spouse, or dependent children have a serious disability? *Yes _____ No _____
 - *If yes , please explain: _____

HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. MY SIGNATURE BELOW ALSO GIVES PERMISSION TO THE DALLAS COUNTY GENERAL ASSISTANCE PROGRAM TO SHARE ANY AND ALL INFORMATION REGARDING MY REQUEST FOR ASSISTANCE WITH: DEPARTMENT OF HUMAN SERVICES, EMPLOYERS, VETERAN'S AFFAIRS, COMMUNITY ACTION CENTER, SALVATION ARMY, LANDLORDS, MORTGAGE COMPANIES, UTILITY COMPANIES, AND MEDICAL PROVIDERS, AND THE AFORE MENTIONED AGENCIES CAN SHARE ANY AND ALL INFORMATION WITH GENERAL ASSISTANCE REGARDING ANY BENEFITS I MAY BE RECEIVING FROM THAT AGENCY. THIS IS FOR THE PURPOSE OF DETERMINING INITIAL AND ONGOING ELIGIBILITY FOR ASSISTANCE. THIS SIGNATURE IS VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE OR UNTIL SERVICES ARE TERMINATED. I UNDERSTAND I MAY REVOKE THIS STATEMENT AT ANY TIME BY WRITTEN NOTIFICATION TO THE DALLAS COUNTY GENERAL ASSISTANCE PROGRAM.

Signature of Applicant (or Legal Guardian)

Date

The answers from information that you provide on this application gives us the facts we need in order to decide if you are eligible for General Assistance. If any false statements are made regarding your income and/or resources or your current situation, your application for General Assistance may be denied. You may be required to sign an Authorization for Release of Information in order that further verification of information may be made.

PROHIBITION AGAINST DISCRIMINATION

We will consider this application without regard to race, color, sex, age, handicap, religion, national origin, or political beliefs.

RIGHT OF APPEAL

If you are not satisfied with the action of this office, you may appeal to the Dallas County Board of Supervisors, Courthouse, Adel, Iowa 50003.

ITEMS YOU NEED TO BRING WITH YOU

- Verification of income for all members of the household. Pay stubs for the past 30 days. If self employed, bring home records or most recent Income Tax Return.
- If requesting rent assistance, bring landlord's name, address, social security number, and eviction notice (if applicable).
- If requesting assistance with utilities, bring **COMPLETE** utility bill.
- Doctor's statement that you are unable to work if you are considered disabled.
- Verification from Job Service that all members who are required to register for work has done so.

***IF YOU CANNOT KEEP YOUR APPOINTMENT,
PLEASE LET US KNOW IN ADVANCE.***